DDARS - Bureau of Quality Improvement Services

Incident Reporting Overview and Update

Presented by Chris Newman, Director BQIS

Overview of Presentation

- Review of Incident Reporting Requirements
- Purposes of incident reporting
- Results of recent surveys/community visits
- Update on web-based reporting
- Changes to policy/procedures

BDDS Incident Reporting Criteria

- Any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual

Time frames for Reporting

- Within 24 hours of incident
- Follow-up within 7 days
- Continued follow-up every 7 days until incident is resolved

Purposes of Incident Reporting

- Assures that individuals' providers and families/guardians are promptly notified of incidents

- Assures that incidents are resolved promptly and appropriately

- Allows each "type" of provider to review reportable incidents for their consumers to identify both consumer specific and systemic trends

Purposes of Incident Reporting

- Provides DDARS with immediate information on an event which may result in intervention/investigation by BQIS/BDDS

- Assures DDARS that incident is being resolved appropriately

- Provides DDARS with aggregate incident reporting data that is reviewed by BQIS' Risk Management Subcommittee

Incident Reports as an Indicator & a Tool

- Incidents can be used to identify risk factors for an individual that are not being adequately addressed or that are "new" risks for that person

- Incident reports can be a tool for the PCP team to use to identify supports needed by the individual to minimize risk

- Incident reports can be used by providers to identify systemic issues

Summary of Aggregate Data
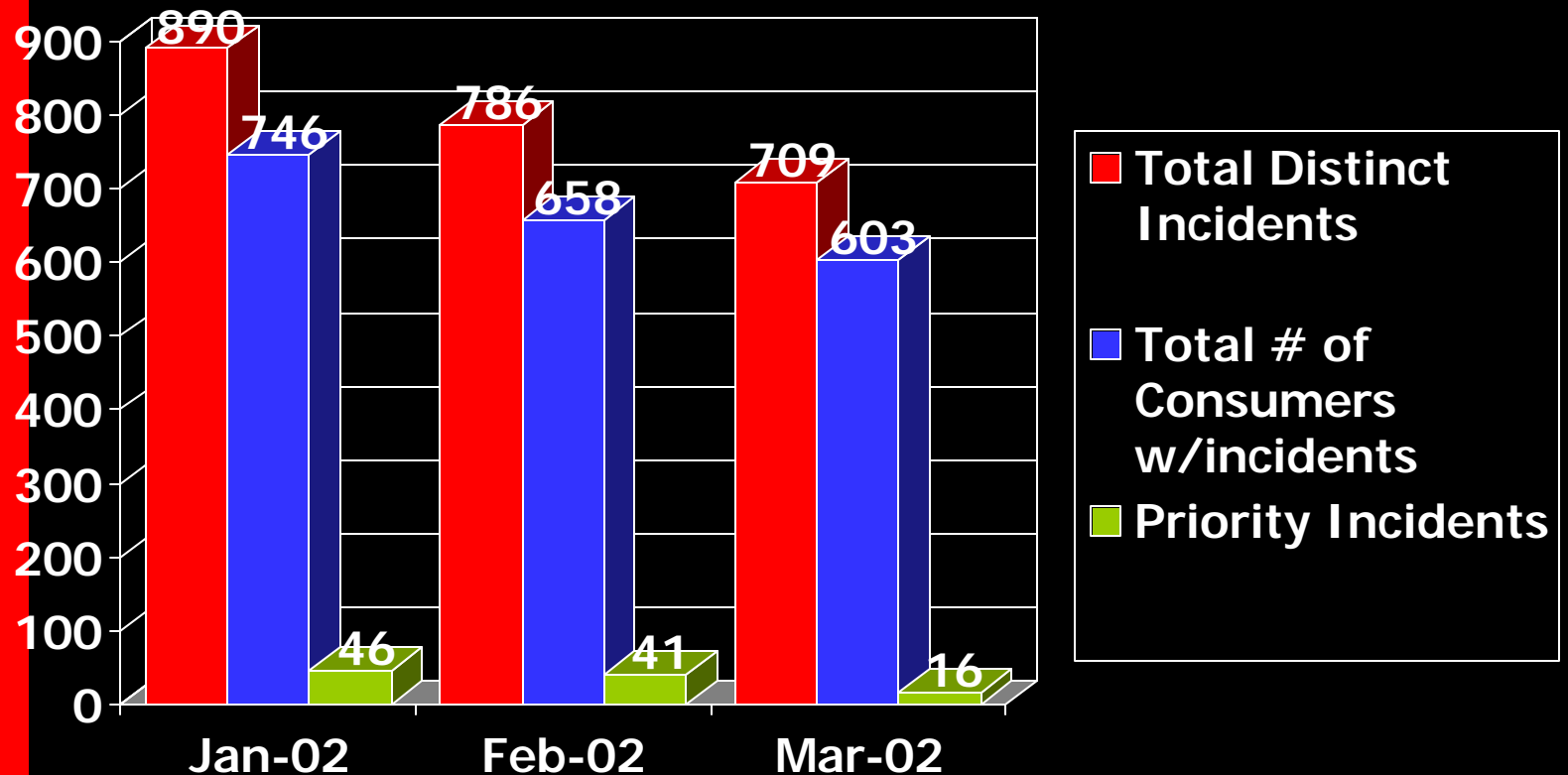
Results of Community Visits

- Independent sources have identified specific events that met the criteria for a reportable incident but were not reported to BDDS

- The data collected clearly identifies a systemic problem

- Incidents that are reported often are not clearly written or appropriately resolved

Concerns with Narratives

- Providers, case managers, APS not consistently notified even when box is checked

- Narratives continue to be too vague and confusing

- Immediate actions taken by providers not documented

- Faxed incidents often difficult to read

Examples of Narratives

Not acceptable:

- medication errors
- suspected abuse
- he said that she said that he hit him
- client bruised, no follow up needed

Acceptable Narratives

- Consumer given (name of medication) dose twice in the morning - nurse contacted and consumer taken to ER

- Staff "A" reported that staff "B" hit consumer when consumer would not eat his food. Staff "B" has been suspended pending investigation and team is developing plan to assist consumer with victimization/abuse.

Concerns with Follow-up

- Follow-up not completed
- Follow-up not documented in detail
- Follow-up not addressing risk issue or systemic issue
- Follow-up should link directly back to the person (not just firing staff but addressing "victimization of person")

Examples of Follow-ups

Not acceptable:

- Follow-up completed, case closed
- Unknown injury healed - no follow up with doctor required
- Staff fired

Acceptable Follow-ups

Acceptable:

- Consumer's behavior plan review by behavior specialist and PCP Team, plan changed to address new concerns and staff trained on plan. Behavior specialist and case manager will monitor

- Staff interviewed and notes reviewed to determine source of unknown injury Staff retrained on abuse/neglect and on documentation

Update on Changes to Process & Policy

- This week web based incident reporting system will begin to be piloted by two providers
- Goal is to have web based system available to everyone by the end of summer
- Training will be provided throughout the state before the change takes place

Update on Changes

Changes have also been made to the incident reporting form, including:

- Adding prompts to the narratives
- Adding "box" to check if police were called
- Providing checklist of reportable incidents to providers for guidance